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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

-- *The MAILING DATE of this communication appears on the cover sheet with the correspondence address --*

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.
- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
  Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on <u>*12 July 2007*</u>.

2a)☐ This action is **FINAL**.   2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) <u>*2-26 and 28-30*</u> is/are pending in the application.

    4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) <u>*2-26 and 28-30*</u> is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☒ The drawing(s) filed on <u>*12 July 2007*</u> is/are: a)☐ accepted or b)☒ objected to by the Examiner.

    Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

    Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

    a)☐ All   b)☐ Some * c)☐ None of:

      1.☐ Certified copies of the priority documents have been received.

      2.☐ Certified copies of the priority documents have been received in Application No. _____.

      3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

    * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)

2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3) ☐ Information Disclosure Statement(s) (PTO/SB/08)
    Paper No(s)/Mail Date _____.

4) ☐ Interview Summary (PTO-413)
    Paper No(s)/Mail Date. _____.

5) ☐ Notice of Informal Patent Application

6) ☐ Other: _____.

Prosecution History Summary

- Claims 1 and 27 are cancelled.

- Claims 2-26 and 28-30 are pending.

DETAILED ACTION

Double Patenting

1.   The nonstatutory double patenting rejection is based on a judicially created doctrine

grounded in public policy (a policy reflected in the statute) so as to prevent the unjustified or

improper timewise extension of the "right to exclude" granted by a patent and to prevent possible

harassment by multiple assignees.   A nonstatutory obviousness-type double patenting rejection

is appropriate where the conflicting claims are not identical, but at least one examined

application claim is not patentably distinct from the reference claim(s) because the examined

application claim is either anticipated by, or would have been obvious over, the reference

claim(s). See, e.g., *In re Berg*, 140 F.3d 1428, 46 USPQ2d 1226 (Fed. Cir. 1998); *In re

Goodman*, 11 F.3d 1046, 29 USPQ2d 2010 (Fed. Cir. 1993); *In re Longi*, 759 F.2d 887, 225

USPQ 645 (Fed. Cir. 1985); *In re Van Ornum*, 686 F.2d 937, 214 USPQ 761 (CCPA 1982); *In re

Vogel*, 422 F.2d 438, 164 USPQ 619 (CCPA 1970); and *In re Thorington*, 418 F.2d 528, 163

USPQ 644 (CCPA 1969).

A timely filed terminal disclaimer in compliance with 37 CFR 1.321(c) or 1.321(d) may

be used to overcome an actual or provisional rejection based on a nonstatutory double patenting

ground provided the conflicting application or patent either is shown to be commonly owned

with this application, or claims an invention made as a result of activities undertaken within the

scope of a joint research agreement.

Effective January 1, 1994, a registered attorney or agent of record may sign a terminal

disclaimer. A terminal disclaimer signed by the assignee must fully comply with 37 CFR

3.73(b).

2.   Claims 2-23, 24-26, 28-30 are provisionally rejected on the ground of nonstatutory

obviousness-type double patenting as being unpatentable over claims 2-23 and 26-28 of

copending Application No. 10/620, 904. Although the conflicting claims are not identical, they

are not patentably distinct from each other because all the limitations from the claims of U.S.

Application 10/620,718 are covered in the claims of U.S. Application No. 10/620, 904.

This is a <u>provisional</u> obviousness-type double patenting rejection because the conflicting

claims have not in fact been patented.

3.   Claims 2-7, 10-18, 21-23, 24-26, and 28-30 are provisionally rejected on the ground of

nonstatutory obviousness-type double patenting as being unpatentable over claims 2-7, 8-16, 17-

19, and 20-22 of copending Application No. 10/620, 903. Although the conflicting claims are

not identical, they are not patentably distinct from each other because all the limitations from the

claims of U.S. Application 10/620,718 are covered in the claims of U.S. Application No. 10/620,

903.

This is a <u>provisional</u> obviousness-type double patenting rejection because the conflicting

claims have not in fact been patented.

Drawings

1.   The drawings are objected to as failing to comply with 37 CFR 1.84(p)(4) because

reference characters "108" (fig. 1) and "254" (fig. 2B) have both been used to designate "major

medical premium"; reference characters "112" (fig. 1), "258" (fig. 2B), and "1010" (fig. 10) have

all been used to designate "major medical payment"; reference characters "106" (fig. 1; para. 39)

and "302" (fig. 3, 5) have both been used to designate "service/good providers"; reference

characters "104" (fig. 4) and "314" (fig. 6c) have both been used to designate "member";

reference characters "212" (fig. 2A), "812" (fig. 8), and "712" (fig. 7) have all been used to

designate "discount price"; reference characters "708" (fig. 7) and "808" (fig. 8) have both been

used to designate "pharmaceutical listing & discount price list"; reference characters "614" (fig.

6A) and "908" (fig. 9A) have both been used to designate "provide basic/premium listings and

price lists to members"; reference character "104" has been used to designate both "member"

(fig. 4, 6C, 9C, 11C) and "individual" (fig. 1); figure 5 contains reference character "106" under

an arrow. Corrected drawing sheets in compliance with 37 CFR 1.121(d) are required in reply to

the Office action to avoid abandonment of the application. Any amended replacement drawing

sheet should include all of the figures appearing on the immediate prior version of the sheet,

even if only one figure is being amended. Each drawing sheet submitted after the filing date of

an application must be labeled in the top margin as either "Replacement Sheet" or "New Sheet"

pursuant to 37 CFR 1.121(d). If the changes are not accepted by the examiner, the applicant will

be notified and informed of any required corrective action in the next Office action. The

objection to the drawings will not be held in abeyance.

Claim Rejections - 35 USC § 103

2.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth
> in section 102 of this title, if the differences between the subject matter sought to be patented and the prior
> art are such that the subject matter as a whole would have been obvious at the time the invention was made
> to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be
> negatived by the manner in which the invention was made.

3.   Claims 24, 2-10, and 28 are rejected under 35 U.S.C. 103(a) as being unpatentable over

Care Entrée (http://web.archive.org/web/200102025005600/careentree.com, 2001) in view of

Lipton, et al ("Pharmacy benefit management companies: Dimensions of performance", Annual

Review of Public Health. Palo Alto: 1999. Vol. 20, p. 361).

4.   As per claim 24, the Care Entrée program teaches a method for receiving a membership

fee from one or more individuals to become members of the health care plan (p. 3, para. 10) and

participate via incentives within a member multi-level marketing network (p. 2, para. 8-9). The

Care Entrée program also teaches obtaining information from one or more medical service/good

providers that have joined the health care plan (p. 8, para. 41).

The Care Entrée program does not teach a method to provide a discount price list

regulating the cost of services/goods provided.

Lipton et al. teaches a system comprising a method to provide a discount price list

regulating the cost of services/goods provided to the members (para. 30). The examiner

interprets the pharmacy benefit manager to be a similar function as the network provider in that it

provides a discount on all health care needs.

Therefore, it would have been obvious to a person of ordinary skill in the art at the time

the invention was made to combine the teachings of the Care Entrée program with Lipton et al.

with the motivation of managing medical costs and services (para. 32-34). This is accomplished

by a pharmacy manager via drug enrollments reports/physician prescription history and rebates

from the drug manufacturer. This can be equated to a network provider in that the network

provider takes the information and generates data pertaining to which medical services are most

frequently prescribed or ordered, and uses this information to negotiate a discount on that particular service and/or medication.

5.   As per claim 2, the Care Entrée program fails to teach a method wherein the discount price list is a variable discount price list that tracks a known standard service price list.

Lipton et al. teaches a system in which the discount price list is a variable discount price list that tracks a known standard service price list (paragraph 7). This is accomplished through the use of negotiated discounts with pharmacy networks, as well as controlling the formularies used by the pharmacy benefit manager (i.e. the pharmacy benefit manager chooses which drugs to include in the formulary, thereby lowering the cost of the pharmaceuticals). This same method can be applied to a list of services provided by a medical provider, wherein negotiated discounts are applied to medical providers, hospitals, hearing, vision, etc. It can be assumed that lists are required to provide network provider with the recent price list, as well as the discounted price list.

The motivation to combine the teachings is discussed in claim 24.

6.   As per claim 3, the Care Entrée program teaches a method wherein the membership fee is paid by the individual (p. 3, para. 10). The Care Entrée program discloses a method in which anyone can pay a certain fee to join a health care plan.

7.   As per claim 4, the Care Entrée program teaches a method in which the membership fee is paid by the individual's employer (page 12, paragraph 67).

8.   As per claim 5, the Care Entrée program teaches a method in which the membership fee is paid by the individual's business (page 12, paragraph 67). The examiner interprets an individual's employer, in this case, to be equivalent to an individual's business. In either case, the

individual is provided the opportunity to offer employees (including self) a supplemental health care plan.

9.   As per claim 6, the Care Entrée program teaches a method wherein the member ship fee is a renewal fee (page 2, paragraph 6). The examiner interprets the monthly fee to be a renewal fee - the member is paying a renewal fee every month.

10.   As per claim 7, the Care Entrée program teaches a method wherein the member can include his/her family in the health care plan (page 3, paragraph 10). The Care Entrée program allows the entire family (including all Internal Revenue Service dependents) to join the health care plan.

11.   As per claim 8, the Care Entrée program teaches a method wherein the medical service/good providers are selected from the group consisting of physicians, hospitals, physical therapists, nursing facilities, cancer treatment centers, optical and hearing aid dispensaries, hospices, clinics, pharmacies, chiropractors, dentists, medical supply stores, hospital supply stores, and handicap equipment suppliers (page 11, paragraphs 61 - 63). Although physical therapy, cancer treatment centers, and medical, hospital, and handicap supply stores are not specifically taught in the Care Entr6e program, these services/providers can be included as ancillary services, as taught by the Care Entr6e program (page 5, paragraphs 21 -23).

12.   As per claim 9, the Care Entrée program teaches a method wherein the medical service/good provider is a doctor that works for a corporation (page 4, paragraph 16). The Care Entree program refers to this as a PHCS (Private Health Care System).

13.   As per claim 10, the Care Entrée program teaches a method comprising providing a medical service/good provider listing by the network provider to the members (page 12,

paragraphs 68 and 69). The Care Entrée program provides a listing of common health care providers in certain area.

14.   As per claim 28, the Care Entrée program teaches a method for receiving a membership fee from one or more individuals to become members of the health care plan (p. 3, para. 10). The Care Entrée program also teaches obtaining information from one or more medical service/good providers that have joined the health care plan (p. 8, para. 41) and participate via incentives within a member multi-level marketing network (p. 2, para. 8-9).

The Care Entrée program does not teach a method to provide a discount price list regulating the cost of services/goods provided.

Lipton et al. teaches a system comprising a method to provide a discount price list regulating the cost of services/goods provided to the members (para. 30). The examiner interprets the pharmacy benefit manager to be a similar function as the network provider in that it provides a discount on all health care needs.

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to combine the teachings of the Care Entrée program with Lipton et al. with the motivation of managing medical costs and services (para. 32-34). This is accomplished by a pharmacy manager via drug enrollments reports/physician prescription history and rebates from the drug manufacturer. This can be equated to a network provider in that the network provider takes the information and generates data pertaining to which medical services are most frequently prescribed or ordered, and uses this information to negotiate a discount on that particular service and/or medication.

15.   Claims 11-23 are rejected under 35 U.S.C. 103(a) as being unpatentable over Care Entrée

in view of Lipton, et al as applied to claim 24 above, and further in view of U.S. Patent No. 5,

819, 092 (Ferguson, et al.).

16.   As per claim 11, the method of claim 10 as applied to claim 24, is taught by the Care

Entrée program, in view of Lipton et al.

The Care Entrée program and Lipton et al. do not teach a method comprising basic and

premium listings.

Ferguson et al. teaches a method wherein the medical service/good provider listing

comprises basic listings and premium listings (column 7, lines 10 - 18 and column 13, lines 66 -

67 through column 14, lines 1 - 6). The examiner interprets basic and premium listings to be

equivalent to a directory lookup service, as disclosed in Ferguson et al. The directory look up

service can encompass a listing of people (i.e. physicians) and products (i.e. pharmaceuticals).

Therefore it would have been obvious to a person of ordinary skill in the art at the time

the invention was made to include a method of basic and premium listings as taught by Ferguson

et al, with the motivation of providing a fast method of online searching directories (column 4,

lines 18 - 20 and 41 - 43).

17.   As per claim 12, the method of claim 11 as applied to claim 24, is taught by the Care

Entrée program in view of Lipton et al.

The Care Entrée program and Lipton et al. fail to teach a method wherein the basic

listings are free of charge to medical services/good providers.

Ferguson et al. teaches a method wherein the basic listings are provided to medical

service/good providers free of charge (column 13, lines 66 - 67 through column 14, lines 1 - 12).

The examiner interprets the look up directory disclosed by Ferguson et al. to include a 'basic' listing - where a name, address and other related information is available.

The motivation for combining the teachings of the Care Entrée Program, Lipton et al., and Ferguson et al. is discussed in claim 11.

18.   As per claim 13, the method of claim 11 as applied to claim 24, is taught by the Care Entrée program in view of Lipton et al.

The Care Entrée program and Lipton et al. fail to teach a method wherein the premium listings are available to medical service/good providers for a fee.

Ferguson et al. teaches a method wherein the premium listings are provided to medical service/good providers upon payment of a premium listing fee (column 14, lines 6 - 12 and column 18, lines 33- 35). The examiner interprets the look up directory disclosed by Ferguson et al. to include a 'premium' listing - where a name, address and a hyperlinked document with other related information is available.

The motivation for combining the teachings of the Care Entrée Program, Lipton et al., and Ferguson et al. is discussed in claim 11.

19.   As per claims 14, 15, and 16 as applied to claim 24, is taught by the Care Entrée program in view of Lipton et al.

The Care Entrée program and Lipton et al. fail to teach a method wherein the premium listings are hyperlinked to a medical service/good providers web page.

Ferguson et al. teaches a method wherein the premium listings include a link to a customizable web page for the medical services/goods provider accessible via a global telecommunications network, wherein the premium listings include a link to the medical

service/good provider's web site, and wherein the premium listings are customized for each

medical Service/good provider (column 14, lines 6 - 19 and column 7, lines 37 - 42). The

hyperlinks allow the user to access a site in which qualified users may submit new entries,

thereby making it customizable.

Therefore it would have been obvious to a person of ordinary skill in the art at the time

the invention was made to include a method of premium listings hyperlinked to a medical

service/good providers web page (where the medical service/good provider can be equated to a

pharmaceutical company) and is accessible to the global internet as taught by Ferguson et al.

with the motivation of allowing a user to create online services using existing information

(column 7, lines 1 -4).

20.   As per claim 17, the method of claim 10 as applied to claim 24, is taught by the Care

Entrée program in view of Lipton et al.

The Care Entrée program and Lipton et al. fail to teach a method wherein the discount

price list is available via a telecommunications network.

Ferguson et al. teaches a method wherein the discount price list and the medical

service/good providers listing are accessible via a global telecommunications network (column

14, lines 2 - 6 and column 7, lines 37 - 42). The examiner interprets the discount price list to be a

function of the directory look up disclosed by Ferguson et al. It provides information to users of

a health care plan.

The motivation for combining the teachings of the Care Entrée Program, Lipton et al.,

and Ferguson et al. is discussed in claims 14, 15, and 16.

21.   As per claim 18, the method of claim 10 as applied to claim 24, is taught by the Care

Entrée program in view of Lipton et al.

        The Care Entrée program and Lipton et al. fail to teach a method wherein the discount

price list is searchable by members of the health care plan.

        Ferguson et al. teaches a method wherein the discount price list and the medical

service/goods providers listing are searchable by the members using one or more search criteria

(column 10, lines 62-65). Ferguson et al. discloses a method where users are allowed to perform

searches, where they can specify the search criteria.

        Therefore it would have been obvious to a person of ordinary skill in the art at the time

the invention was made to include a method of searching a discount price list and medical

service/goods providers listings as taught by Ferguson et al. with the motivation of enabling

users to search listings or entries in a directory by a variety of techniques (column 14, lines 10-

12), including names, categories, and full text searches.

22.   As per claims 19 and 20, the Care Entrée program teaches a method wherein one of the

search criteria is based on geographic area and one of the search criteria is based on the services

provided by the medical service/good provider (page 12, paragraphs 68 and 69). The Care Entrée

program provides a listing of common health care providers in certain area.

23.   As per claim 21, the Care Entrée program in view of Lipton et al teaches the method of

claim 1.

The Care Entrée program and Lipton et al. fail to explicitly teach a method wherein the network

provider provides the advertisements to members.

Ferguson et al. teaches a method comprising one or more advertisements by the network

provider to the members (column 14, lines 6 - 12 and column 14, lines 21 - 31).

Therefore, it would have been obvious to-a person of ordinary skill in the art at the time

the invention was made to include a method of placing online advertisements as taught by

Ferguson et al. with the motivation of increasing the sales of a medical services/goods provider

by use of advertisements in the discount price list by the network provider (column 9, lines 54 -

56). An online service can be used as a tool to enable electronic commerce. In this case, the

online service would advertise services of medical professionals, hospitals and more.

24.   As per claim 22, the method of claim 21 as applied to claim 24, is taught by the Care

Entrée program in view of Lipton et al.

The Care Entrée program and Lipton et al. fail to teach a method wherein the advertiser

pays the network provider a fee for advertising.

Ferguson et al. teaches a method wherein an advertiser pays the network provider an

advertising fee to provide the advertisements to the members (column 18, lines 33 - 35).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time

the invention was made to include a method of charging a fee to place advertisements as taught

by Ferguson et al. with the motivation of creating an easy to use online service (column 10, lines

25 - 29) which can be used to generate revenue for a network provider by allowing a medical

service/good provider to advertise on medical services/goods provider lists.

25.   As per claim 23, the method of claim 21 as applied to claim 24, is taught by the Care

Entrée program in view of Lipton et al.

The Care Entrée program and Lipton et al. fail to teach a method wherein the advertisement is used to search the medical service/good provider listing.

Ferguson et al. teaches a method wherein the advertisement provided to a member is based on one or more search criteria used to search the medical service/good provider listing (column 14, lines 6 - 12). Searches can be made in directory look up's using names, categories or full text search techniques.

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method of including advertisements when conducting a search of a medical service/good provider listing as taught by Ferguson et al. with the motivation of introducing a revenue generating tool by charging a fee for the online service (column 14, lines 30- 31).

26.   Claims 25-26 and 29-30 are rejected under 35 U.S.C. 103(a) as being unpatentable over Care Entrée in view of U.S. Patent No. 5, 819, 092 (Ferguson, et al.).

.27.   As per claim 25, the Care Entrée program teaches a health care plan.

The Care Entrée program fails to disclose a system in which a computer program is embodied on a computer readable medium, including code segments for receiving membership fees from individuals and participating via incentives within a member multi-level marketing network, and providing discount price lists to members, in which the members pay the network provider directly.

Ferguson et al. teaches a system in which a code segment for receiving a membership fee from one or more individuals to become members of the health care plan and participating via incentives within a member multi-level marketing network (column 35, lines 24 - 28), a code

segment for obtaining information from one or more medical service/good providers that have

joined the health plan (column 35, lines 34 - 28 and column 36, lines 14 - 17), and a code

segment for providing a discount price list that regulates the cost of goods/services to members

in which the members pay the network provider the discounted price directly (column 31, lines

26 - 31).

Ferguson et al. discloses a code segment in which a program defines the fees to be paid to

the entity (which in this case is the network provider). Ferguson et al. also discloses a code

segment in which a 'yellow pages' style online service is generated. The examiner interprets this

to mean that a code segment was used in order to generate a 'yellow pages' style online service.

Therefore, it would have been obvious to a person of ordinary skill in the art at the time

the invention was made to include code segments to provide a means of receiving membership

fees and to provide a discount price list as taught by Ferguson et al. with the motivation of

creating an online service to develop a fee structure for membership fees as well as contribute to

the generation of a discount price list (column 4, lines 51 - 60).

28.   As per claim 26, the Care Entrée program teaches a system in which individuals pay a

membership fee to the network provider to join the health care plan (page 3, paragraph 10) and

participate via incentives within a member multi-level marketing network 9page 2, paragraph 9).

The Care Entrée program discloses a method in which anyone can pay a certain fee to join a

health care plan.

The Care Entrée program fails to disclose an apparatus for providing a health care plan

including a server, storage devices, communication interface, and a membership fee.

Ferguson et al. teaches a system for providing a health care plan comprising a server (column 7, lines 42 - 47); one or more storage devices communicable coupled to the server, the one or more storage devices containing a discount price list that regulates the cost of goods/services provided to the members by a health care plan such that the members pay the network provider for any goods and/or services provided in full directly the discount price (column 7, lines 64 - 66); and a communications interface communicably coupled to the server that allows a member to access the discount price list (column 7, lines 48 - 50).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a server, storage devices, and a communication interface as taught by Ferguson et al. with the motivation of creating a computer platform, where the hardware is independent, thus allowing the software to be implemented on several different computer architectures (column 7, lines 33 - 35).

29.   As per claim 29, the Care Entrée program teaches a health care plan.

The Care Entrée program fails to disclose a system in which a computer program is embodied on a computer readable medium, including code segments for receiving membership fees from individuals, and providing discount price lists to members, in which the members pay the network provider directly.

Ferguson et al. teaches a system in which a code segment for receiving a membership fee from one or more individuals to become members of the health care plan and participating via incentives within a member multi-level marketing network (column 35, lines 24 - 28), a code segment for obtaining information from one or more medical service/good providers that have joined the health plan and participating via incentives within a member multi-level marketing

network (column 35, lines 34 - 28 and column 36, lines 14 - 17), and a code segment for

providing a discount price list that regulates the cost of goods/services to members in which the

members pay the network provider the discounted price directly (column 31, lines 26 - 31).

Ferguson et al. discloses a code segment in which a program defines the fees to be paid to

the entity (which in this case is the network provider). Ferguson et al. also discloses a code

segment in which a 'yellow pages' style online service is generated. The examiner interprets this

to mean that a code segment was used in order to generate a 'yellow pages' style online service.

Therefore, it would have been obvious to a person of ordinary skill in the art at the time

the invention was made to include code segments to provide a means of receiving membership

fees and to provide a discount price list as taught by Ferguson et al. with the motivation of

creating an online service to develop a fee structure for membership fees as well as contribute to

the generation of a discount price list (column 4, lines 51 - 60).

30.   As per claim 30, the Care Entrée program teaches a system in which individuals pay a

membership fee to the network provider to join the health care plan (page 3, paragraph 10) and

the member participates via incentives within a member multi-level marketing network (page 2,

paragraph 9). The Care Entrée program discloses a method in which anyone can pay a certain fee

to join a health care plan.

The Care Entrée program fails to disclose an apparatus for providing a health care plan

including a server, storage devices, communication interface, and a membership fee.

Ferguson et al. teaches a system for providing a health care plan comprising a server

(column 7, lines 42 - 47); one or more storage devices communicable coupled to the server, the

one or more storage devices containing a discount price list that regulates the cost of

goods/services provided to the members by a health care plan such that the members pay the

network provider for any goods and/or services provided in full directly the discount price

(column 7, lines 64 - 66); and a communications interface communicably coupled to the server

that allows a member to access the discount price list (column 7, lines 48 - 50).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time

the invention was made to include a server, storage devices, and a communication interface as

taught by Ferguson et al. with the motivation of creating a computer platform, where the

hardware is independent, thus allowing the software to be implemented on several different

computer architectures (column 7, lines 33 - 35).

Conclusion

31.   The prior art made of record and not relied upon is considered pertinent to applicant's

disclosure.

-Goch ("A new card deal", Best's Review. Oldwick: July 2002. Vol. 103, Iss. 3; p. 73)

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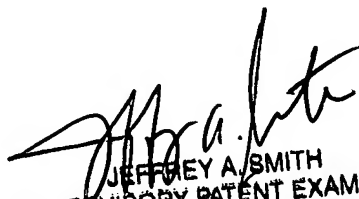
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Any inquiry concerning this communication or earlier communications from the examiner should be directed to Sheetal R. Rangrej whose telephone number is 571-270-1368. The examiner can normally be reached on M-F 8:30-5:30.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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